

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/30/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

	is certificate does not confer rights to				ıch en	dorsement(s)		equire an endorsemer	it. A St	atement on	
PRODUCER				CONTACT NAME:							
LaBarre/Oksnee Insurance				PHONE (A/C, No, Ext): 800-698-0711 FAX (A/C, No): 949-588-1275				 38-1275			
30 Enterprise, Suite 180 Aliso Viejo CA 92656				E-MAIL ADDRESS: proof@hoa-insurance.com							
	•				INSURER(S) AFFORDING COVERAGE					NAIC#	
					INSURER A: Philadelphia Indemnity Ins. Co				18058		
INSU				SHADRUN-01	INSURER B : PMA Insurance Group				12262		
Shadow Run HOA c/o Vision Community Management					INSURER c : Continental Casualty Company					20443	
166	625 S Desert Foothills Pkwy				INSURE	RD:					
Phoenix AZ 85048				INSURER E :							
					INSURE	RF:					
				NUMBER: 1265233768				REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH TO CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERINDICATED BY PAID CLAIMS.					WHICH THIS						
INSR LTR	TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	X COMMERCIAL GENERAL LIABILITY	Y		PHPK2447750		8/1/2022	8/1/2023	EACH OCCURRENCE DAMAGE TO RENTED	\$2,000,000		
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$ 100,0	000	
								MED EXP (Any one person)	·		
								PERSONAL & ADV INJURY	\$ 2,000),000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE			
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG		\$4,000,000	
A	OTHER: AUTOMOBILE LIABILITY			DLIDK0447750		8/1/2022	0/4/2022	COMBINED SINGLE LIMIT	\$ 2,000	2,000	
A	ANY AUTO			PHPK2447750		0/1/2022	8/1/2023	(Ea accident) BODILY INJURY (Per person)	\$ 2,000	7,000	
	OWNED SCHEDULED							BODILY INJURY (Per accident			
	X HIRED X NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
A B C	Property Crime/Fidelity Directors & Officers	Y		PHPK2447750 4122011340439Y 618917895		8/1/2022 8/1/2022 8/1/2022	8/1/2023 8/1/2023 8/1/2023	\$5,000/\$10,000 Ded \$1,000 Deductible \$1,000 Deductible	\$225	007,083 i,000 00,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE A consists of 77 units. Located in Chan-			101, Additional Remarks Schedul	le, may b	e attached if more	space is require	ed)			
				Company Linkility DOO Link	L:1:4	Ti-d-lik (O-i					
ivia	nagement Company is Additionally Insui	rea or	ııne	General Liability, D&O Liai	onity, a	na Fidelity-Ch	me.				
See	e 2nd page of certificate of insurance for	furthe	er co	verage information.							
See	e Attached										
CERTIFICATE HOLDER C				CANCELLATION							
	Vision Community Manage	emen	t		THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE (REOF, NOTICE WILL Y PROVISIONS.			

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USA

Phoenix AZ 85048

AUTHORIZED REPRESENTATIVE

AGENCY	CUSTOM	EB ID:	SHADRI	JN-01
AGENCI	CUSION	ER ID.		J14-0 1

LOC #:

R	
ACORD	

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY LaBarre/Oksnee Insurance POLICY NUMBER		NAMED INSURED Shadow Run HOA c/o Vision Community Management			
		16625 S Desert Foothills Pkwy Phoenix AZ 85048			
CARRIER	NAIC CODE				
		EFFECTIVE DATE:			
ADDITIONAL REMARKS					
THE ADDITIONAL DENADAGE FORM IS A CONTROL TO A CORD FORM					

ADDITIONAL REMARKS
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE
Single Entity Coverage (Walls In, excluding Improvements and Betterments)
Coverage Includes:
Coverage Includes: Deductible is \$5,000 except \$10,000 per occurrence for Water Damage Special Form
IGuaranteed Replacement Cost
Wind/Hail Equipment Breakdown
Building Ordinance or Law A+B+C
Initiation Guard and/or limits are reviewed yearly to ensure 100% replacement Cost Severability of Interest / Separation of Insureds
Waiver of Rights of Recovery
Requipment Breakdown Building Ordinance or Law A+B+C Inflation Guard and/or limits are reviewed yearly to ensure 100% replacement Cost Severability of Interest / Separation of Insureds Waiver of Rights of Recovery No Co-Insurance D&O is a Claims-Made Policy



LaBarre/Oksnee Insurance

Shadow Run Homeowners Association

The Association maintains a master insurance policy. This policy includes **General Liability** (protects the association from lawsuits arising out of the third party injuries), **Directors & Officers Liability** (protects the association from claims or lawsuits against the board), and **Fidelity/Crime coverage** (protects the money in the bank from fraudulent or dishonest acts). The Association also carries property coverage to insure the buildings and finished interiors (including fixtures, all built-in or set-in appliances, cabinets, countertops and initial basic floor coverings as initially installed per the original plans and specifications, EXCLUDING upgrades, betterments & Improvements) for property damage. Some examples of the perils you are insured for are wind, hail, lightening, fire, vandalism, malicious mischief, explosion, and sudden and accidental water damage. There are certain exclusions to the master policy such as your personal property, standard maintenance, items damaged by normal wear and tear or pest (vermin) damage and subsidence. The Association carries a master policy deductible of \$10,000 for water damage and \$5,000 for all other claims.

What Insurance Coverage does a Unit Owner Need?

- **Personal Property** coverage WITH replacement cost covering your personal belongings as the master association policy does not cover Unit Owner's personal property.
- Please be sure to notify your personal insurance agent that this association carries a \$10,000 Water Damage Deductible and \$5,000 All other Peril Deductible so that you are covered in the event you are responsible for that Deductible or loss sustained within your Unit that is less than the Deductible.
- Building upgrades, betterments and improvements can be covered on your personal insurance. Betterments,
 Improvements or Upgrades to your Unit need to be covered by you as an owner to cover any gaps in coverage in the
 event of loss. The association insurance coverage will be limited to "industry standard materials" of like, kind and quality
 for the replacement of finished flooring, wall coverings, fixtures and cabinets.
- Loss of Use will pay the unit owners living expense while the unit is not inhabitable due to an insured loss. If your condo is rented out, this coverage will be replaced with Loss of Rents coverage.
- Loss Assessment will pay the owners share of a special assessment levied to all homeowners in the association due to an insured loss exceeding the associations master policy limits.
- **Personal Liability** pays for bodily injuries to other people or damage to their property if you are liable resulting from unintentional acts committed by qualified family members including sporting activities and acts of your pets.

Be sure to touch base with your personal insurance agent today or **call our office at (800) 698-0711** to secure coverage immediately or call our Personal Lines Expert, **Tina Terrell**, direct at **949-215-9803**. Thank you!





License#OC84283



EOI Instructions for Homeowners: How to Obtain Proof of Renewal for Lender

Go to www.EOIDirect.com

- Under First-Time Users, select Homeowner/Home Buyer from the drop-down
 -Continue
- Enter your email and create a password
- Next to the "I am A", select Homeowner/ Home Buyer from the drop-down
 -Continue

<u>Homeowner/ Home Buyer Registration</u>:

Fill-out and complete homeowner's information

-Save and Continue

User Service Agreement:

Review terms (some will not apply to homeowners)

-Accept and Continue

Successfully Registered:

-Continue → You will be transferred to the <u>Log-In Screen</u>
Under 'Existing Users,' enter your newly created username and password

Control Center Screen:

Click on the words "Evidence of Insurance": Order a Certificate of Insurance Fill in Homeowners Association Name and Select State**

- **You will need to know the association's legal name
- -Continue

Next, select the association that best matches

-Continue

Homeowners/ Homebuyers Reason for Certificate:

Select I have received a letter from my lender requesting an annual update of my insurance policy. (Your lender may indicate they will be purchasing, or have purchased, insurance on your behalf).

-Continue

Next, you will be asked to input *Borrowers Last Name and Loan Number* to locate your account. If the system does not find your lender's information, then you will be given the opportunity to input that information.

-Fill in required fields and click Continue

Select Delivery Method:

Select preferred method of delivery.

Email or Fax options will both be free of charge.

-Continue

Lastly, write the order number at the top of the Lenders Request letter and fax to (208) 379- 4341.

A copy of the Certificate of Liability with the updated mortgagee clause will be sent to your lender, in addition to you as requested.